

# KSC VISITOR BADGE REQUEST (Multiple)

Fax No. 867-4854

Mail Code: KSC Badging Office

Phone No. 867-7763

Date of Request \_\_\_\_\_

Construction Contract No. (if applicable) \_\_\_\_\_ Code No. \_\_\_\_\_

Badging Authority Name and Company (printed) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax No. \_\_\_\_\_

Purpose of Visit \_\_\_\_\_

Badging Authority Signature \_\_\_\_\_

*Through signature above I attest to the validity and purpose of this visit.*

FULL NAME (Last, First, MI)	COUNTRY OF CITIZENSHIP	SSN/Passport/ Naturalization # or Alien Reg. # (Green Card)	COMPANY NAME and ADDRESS	DATE OF BIRTH	AREAS to be Visited	START DATE	END DATE	To Be Escorted Y/N

## NOTICE

PRIVACY ACT 1974

PL 93-579

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